State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Environmental Management

James B. Hunt, Jr., Governor Jonathan B. Howes, Secretary A. Preston Howard, Jr., P.E., Director



June 4, 1996

CERTIFIED MAIL NUMBER: P-536 316 924 RETURN RECEIPT REQUESTED

Jerry Burnham National Wholesale Co., Inc. 400 National Blvd. Lexington, NC 27292

SUBJECT: Underground Storage Tank (UST) Closure Assessment at National Wholesale

Co., Inc., Lexington, Davidson County, Incident Number Unassigned

Dear Mr.Burnham:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. In order to determine whether or not the closure was performed in accordance with State and Federal regulations, the Groundwater Section must be provided with the following information 30 days from receipt of this letter:

- o a base map (scale map) showing the orientation of the tanks, and **product** lines;
- a sample protocol: collection method (i.e. shovel, auger, backhoe, etc.), how samples were preserved and transported and sample depths;
- a description of the **decontamination method(s)** used during sample collection (ie. soap/alcohol/distilled water rinse on tools, disposable gloves, etc.) and;
- o depth of tank burial.

Your cooperation is appreciated. Providing the requested information by the deadline specified in this letter will prevent a Notice of Violation being issued to you for the failure to provide an adequate closure report.

Please refer to the file name, **National Wholesale Co.**, **Inc.**, on the cover letter of your reply. This will help us speed up the review. If you have any questions please contact me at the letterhead address and/or telephone number.

Sincerely,

Thomas Moore

Hydrogeological Technician

P-536 316 924

Thomas Moore

cc: Regional Office Files

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach his form to the front of the mailpiece, or on the back if sp permit. Write 'Return Receipt Requested' on the mailpiece below the ar The Return Receipt will show to whom the article was delivered delivered.	ace does not ticle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		ceipt Service.
3. Article Addressed to: Jerry Burnham National Wholesale Co., Inc. 400 National Blvd. Lexington, NC 27292	4a, Article N P-53 G 4b. Service Register Express Return Re 7. Date of D	Type ed Mail ceipt for Merc	924 Certified Insured handise COD	for using Return Re
5. Received By: (Pfint Name) 1-10000000000000000000000000000000000	8. Addresse and fee is		(Only if requested	Thank you
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